



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7563

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/823,891   | <b>FILING DATE</b><br>03/30/2001<br><b>RULE</b>   | <b>CLASS</b><br>713           | <b>GROUP ART UNIT</b><br>2131   | <b>ATTORNEY DOCKET NO.</b><br>1011US08 |
| <b>APPLICANTS</b><br>James Fritschen, Lookout Mountain, TN;<br>Marion R. Rice, Rochelle, TX;<br>Bindu R. Rao, Austin, TX;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b> <i>LDV</i> <i>LDV</i><br>THIS APPLN CLAIMS BENEFIT OF 60/210,765 06/12/2000  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>LDV</i>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 05/17/2001  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>TN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>20              |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3         |
| <b>ADDRESS</b><br>Christopher C. Winslade<br>2135 N. Clifton Ave. #1<br>Chicago ,IL 60614  |   |                               |   |  |
| <b>TITLE</b><br>Health care network with durable medical equipment prescription and physician signature services   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>435  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |